

# FAQ

## FREQUENTLY ASKED QUESTIONS FOR CLIENTS SIGNING THE AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION (ASCFI) FORM

---

### Overview

The purpose of this document is to provide additional information to help you understand the **Authorization to Share Confidential Member Information (ASCFI)** Form. It explains:

- Why you might want to allow your providers to share your information with each other
- What types of information they can share
- Who may see your information

By signing this form, you allow your providers to better coordinate your care and connect you with the services you need. These FAQs may help you decide if signing the form is right for you. If you have additional questions about the form or the information provided below, please ask the person sharing the form with you.

### General Information About the ASCFI Form

#### 1. What is the ASCFI Form?

The ASCFI Form is a document requesting your permission to allow your care partners (see FAQ #3 below) to share your information with each other. Signing the form is voluntary, but if you do sign it, it can help you avoid having to share the same information multiple times or sign a new consent form each time your care partners need to share your information. It can also help make referrals and appointments for your ongoing care needs with other providers faster and easier. You can change your mind, your preferences, or revoke your permissions at any time (see FAQ #29 below).

#### 2. What types of my information may be shared if I sign the ASCFI Form?

You can use this form to consent to sharing certain types of information:

- Substance use disorder information protected by 42 C.F.R. Part 2 (e.g., diagnoses, prescription details, treatment records)
- Substance use disorder information not protected by 42 C.F.R. Part 2 but by California's substance use disorder law

- Housing information (e.g., housing assessment completed by coordinated entry)
- Certain types of mental health information (e.g., treatment records, assessments held by certain types of facilities)
- Certain types of intellectual and developmental disability information (e.g., developmental service records, Individual Program Plan, regional center eligibility assessment)
- HIV test results
- Genetic test results

Even if you sign the ASCMI Form, your information will only be shared as needed for your care. It is at all times protected, and at all times it will only be used and shared as federal and California law allow.

### 3. Who are my “care partners?”

Your care partners are providers or organizations who may need to share or receive your information while they are providing you with services. This includes, but is not limited to:

- Health care providers, including primary care physicians and mental health specialists
- Substance use disorder providers, such as opioid treatment programs and residential treatment programs
- Community-based organizations and housing service providers
- Correctional facility providers and case managers (see FAQ #22 for details)
- Health insurance plans, including Medi-Cal managed care plans and behavioral health plans
- Qualified health information organizations (see FAQ #26 for details)
- County health and human services agencies
- State health and human services agencies

### 4. Why am I being asked to sign the ASCMI Form?

When your care partners need to recommend additional services and supports, it helps them to understand your health care and other needs

For example, if you need support with finding housing and you have signed the ASCMI Form, your doctor can share more information about you with a housing provider. This can help the housing provider find the housing that best meets your needs.

## **5. Why should I sign the ASCMI Form?**

Signing the form means your care partners can share more information about you with other Care Partners providing you with services. It can help stop delays in getting you connected to other services. For example, if you have a substance use disorder, your provider can share information with a housing provider to help you find housing that will help you with your substance use treatment.

## **6. Am I required to sign the ASCMI Form?**

No. Signing the form is optional. However, if you do not sign the form, your care partners may be limited in how much information they can share with other providers involved in your care.

## **7. What happens if I don't sign the ASCMI Form? Will I be denied services?**

In most cases, you will not be denied care or services if you do not sign the form. But signing it will make it easier for your care partners to provide you care and services.

In some cases, care partners must be able to share your information in order to receive payment for the services they provide. They may deny you services if you do not allow them to share your information for this purpose. Be sure to ask your care partner about other options if you are in this situation.

## **8. Does signing the ASCMI Form enroll me in Medi-Cal or other programs and services?**

No. Signing this form does not enroll you in Medi-Cal or other programs and services..

## **9. What happens after I sign the ASCMI Form?**

Your care partner will keep a record of your signed form. They may also share a copy of the form with your other care partners to make sure your information is only shared if you have given permission. If you want to change your consent preferences in the future, please reach out to the care partner who collected your form.

## **10. Do I need a representative (parent, guardian, or legal representative) to sign this ASCMI Form for me?**

If you are 17 or younger, you and either your parent or legal guardian (or representative) should sign the form. For certain types of treatment information, only your signature will be necessary and not your parent, guardian, or representative's signature. The care partner who gives you the form will help explain those cases and who should sign the Form.

If you are 18 or older, you are the only person who needs to sign the form, unless you have another person (a legal representative) who is allowed to act on your behalf.

## **11. If I am under 18, will my parent or legal guardian be able to see my personal information?**

In some cases, your information can be shared with your parent or legal guardian.

However, if you received care or a service without needing your parent's or guardian's permission, your parent or guardian will not have access to information related to that care or service, unless you give permission to share that information with them. For example, if you are under 18 and you receive reproductive health services, your parent will not have a right to see information related to those services, such as your prescription for birth control.

The care partner who gives you the ASCMI Form will help explain who may be able to see your information, and who may not.

## **Purpose of Information Sharing**

### **12. Why does my information need to be shared?**

Your care partners may need to share your information to:

- Coordinate your care
- Provide you with medical, dental, mental health, and substance use disorder treatment and services
- Receive payment from your health insurance carrier for treatment and services provided to you
- Connect you to programs, services, and resources that can help improve your health and well-being

Your care partners can only share or request your information for a specific purpose, like the ones listed above. By law, they can only share the smallest amount of information needed for that reason. In most cases, they cannot access or share your entire record.

### **13. Can I allow my care partners to share my information only for payment purposes but nothing else?**

Not using this ASCMI Form. Your consent with the ASCMI Form applies to all of the purposes listed above. If you would like to allow sharing of your information only for certain purposes, such as payment, you can talk with your care partner about other options.

## **Types of Information**

### **14. What information about me may be shared even if I do not sign the ASCMI Form?**

Your care partners legally can and will share some types of your information even if you do not sign the form. They can share some of your information to provide care or coordinate your treatment and services, receive payment for services, and run their organizations to provide quality care.

Examples of information that can be shared without your signed consent include:

- Some medical and mental health information
- Health insurance information

## 15. What information about me may be shared if I sign the ASCMI Form?

Care partners need your permission to share other types of information about you. If you sign this form, your care partners may share the types of information that you have checked “Yes” next to in Section 2.3 of the form. The types of information that you can decide to share are:

- Substance use disorder information protected by 42 C.F.R. Part 2 (information such as diagnoses, prescription details, and treatment records created or held by a substance use disorder facility that is a “Part 2 Program” – see FAQ #17 below);
- Substance use disorder information that is not protected by 42 C.F.R. Part 2 (meaning it did not originate from a substance use disorder treatment facility that is considered a Part 2 program) but is protected by California law;
- Housing information (e.g., intake assessment completed by a continuum of care organization);
- Some types of mental health information (e.g., treatment records, assessments) held by certain treatment facilities that have special protections under California law
- Some types of intellectual and developmental disability information (e.g., developmental service records, Individual Program Plan, regional center eligibility assessment)
- HIV test results
- Genetic test results

## 16. Can I choose what types of information about me are shared?

Yes. You can choose special categories of information you want shared by using the checkboxes in Section 2.3, titled “Your Consent.” The checkboxes show what information you agree to share.

If you check “**Yes**” for any of these information types, your care partners can share that information with each other to help coordinate your care.

If you check “**No**,” you may be asked for your permission to share that information again in the future if your care partners need it in order to provide you with the best care.

## 17. What is 42 C.F.R. Part 2? How do I know if my substance use disorder information is protected by this law?

42 C.F.R. Part 2 is a federal law that protects the privacy of people being treated for a substance use disorder by a substance use disorder treatment facility or provider. It only applies to substance use disorder information collected by a special type of provider or organization. These types of providers are those that provide substance use diagnosis, treatment, or referral for substance use disorders and receive federal funds to support their organization.

If your substance use disorder information is protected by this law, your care partners can only share this information with your written permission. Your care partner can help you determine if your substance use disorder information is protected by this law.

### **18. If I do not sign the ASCMI Form, will any of my information be shared?**

If you choose not to sign the form, your care partners will not share the information described in Section 2.3. But some types of information, as described in Section 1.3 of the form and in FAQ #14, may still be shared.

### **19. What is a Homeless Management Information System?**

A Homeless Management Information System is used by housing service providers to manage information about people who get housing services and supports. For example, the Homeless Management Information System could be used to collect and store housing assessment information to place people into the right housing based on their needs. Your care partners may need to share information with housing providers who use a Homeless Management Information System.

## **Sharing and Receiving My Information**

### **20. If I sign the ASCMI Form, who will my information be shared with?**

If you sign the form, the information that you allow to be shared in Section 2.3 of the form will only be shared among your care partners. The form does not allow individuals and organizations that are not providing you treatment and services to receive your information. See FAQ #3 for examples of care partners.

### **21. Can my care partners re-share my confidential information?**

Yes. Your care partners can re-share your personal information with individuals and organizations that are also involved in your care, but only as they are legally allowed to do so.

For example, if you give consent to share substance use disorder information that is protected by federal law, your health plan, insurance provider, or health care provider can re-share it for purposes of providing you with treatment, receiving payment for services provided to you, and to provide quality care.

**22. Can I exclude specific people or organizations from sharing and receiving my information if I sign the ASCMI Form?**

No. If you use the ASCMI Form to give permission to share your information, all care partners will be able use this form to share and receive your information if they need to. If you have concerns about specific individuals or organizations involved in your care accessing your information, consult your care partner.

**23. If I sign the ASCMI Form, will police or immigration authorities have access to my confidential information?**

No. Signing the form does not mean that police or immigration authorities can automatically access or receive your confidential information. However, there are ways for the police or immigration authorities to potentially access your information, for example, with a court order. The substance use disorder information described in FAQ #17 cannot be shared for use in civil, administrative, or criminal investigations, proceedings, or prosecutions, sentencing, immigration enforcement, or family court proceedings against you without a court order.

**24. What is a qualified health information organization?**

A qualified health information organization is one type of organization that helps care partners exchange information about their clients. Other types of information-exchange organizations are health information exchange organizations and community information exchange organizations. All of these information exchange organizations make sure information is shared securely based on their clients' consent preferences.

**Updating My Consent Information**

**25. How do I get a copy of my ASCMI Form?**

You can ask the care partner who collected the form from you for a copy.

**26. How long is my consent good for?**

Your signed form will be good for one year, with one exception: If you are 17 and turn 18 within a year of signing the form, you will be asked to sign a new form.

Please note that you may change your consent preferences for specific information types or take back your consent entirely before it expires (see FAQ #27 below).

**27. Can I change my consent preferences? If so, how?**

Yes. Contact your care partner if you wish to change your consent preferences. If you want to revoke your consent entirely, they will ask you to complete the ASCMI Revocation Form. If you only want to change your preferences for some types of information, they will ask you to sign a new ASCMI Form. Your new consent preferences will only apply to information-sharing **after** the time you sign the revocation or new ASCMI Form and will not apply to information that was already shared based on your original ASCMI Form.

## **28. What happens when my consent expires?**

When your consent expires, your care partners will no longer be able to share information in section 2.1, as that information requires your consent to share. Your care partners may continue to share information listed in section 1.3, for those who do not require your permission to share. Your care partner may ask you to sign a new ASCMI Form to continue to coordinate with your other care partners.

## **29. If I change health plans or move to a different county before my consent expires, will my consent follow me?**

Yes. Your consent does not change if you change health plans or move to a different county before your consent expires. You can request that the care partner who collected your signed form share the Form with others in your new county. The form will not follow you if you move to a different state.